

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

01476

1572

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Calvert County

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Ward Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Hampton Louisa Barnes

3. (b) Social Security Number

4. Sex

M

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.) 12-8-1936

8. AGE:

Years

Months

Days

If less than one day

11 yrs.25

hrs.

min.

9. Birthplace Lusby, Calvert Co. Maryland

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Wilson S. Barnes13. Birthplace Calvert Co. Md.

MOTHER

14. Maiden name Rebecca C. Bishop15. Birthplace Lusby, Calvert Co. Md.16. Informant Mother & Father

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Feb 15 1947
(month) (day) (year)Cemetery or crematory Brookes ChapelLocation Mutual18. Funeral director P. SewellAddress Prince Frederick, Md.

19.

2-14-47
(Date rec'd by registrar)19-47H. W. Ware

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 19 47 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 11 19 47 to Feb 13 19 47and that I last saw him alive on Feb 13 19 47

Immediate cause of death

Decompensated heart

DURATION

Due to Congenital heart conditionDue to Corruption of aorta (?)Other conditions - Edema -
ascites

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. H. Leonard

M. D. or other

Address 514 Leonard Date signed Feb 13/47

RECEIVED

CERTIFICATE OF DEATH

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FEB 18 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... *Calvert*City or town..... *Princess Anne*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *MD* County..... *Calvert*City or town..... *Princetown*
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Engine B. Bowen

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Lellie Bowen

7. Birth date of deceased (mo., day, yr.)

Jan 10, 1873

6.(c) If alive, give age..... years

50

8. AGE:

Years

Months

Days

If less than one day

*75**1**10*

hrs.

min.

9. Birthplace

MD
(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Hotel

FATHER

12. Name

Henry Bowen

MOTHER

13. Birthplace

MD
Emma Litch

14. Maiden name

MD

15. Birthplace

16. Informant

Werton Bowen

Address

Princess Anne MD

17.

(Burial, cremation, or removal, which?)

Date thereof

2/22/48
(month) (day) (year)

Cemetery or crematory

Calvary Cemetery

Location

Princetown MD

18. Funeral director

Wm R. Hutchins

Address

Quinn's MD

19.

(Date rec'd by registrar)

19.

48 Grace R. Hutchins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *2/20/48*..... 19..... at..... *7:40 A*..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 12, 1948 to *Feb 20, 1948*and that I last saw him alive on *Feb 19, 1948*

Immediate cause of death

premia
forming reptiles

DURATION

4 days
4 wks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed..... *2/20/48*

UNITED STATES DEPARTMENT OF HEALTH

CENTRAL OFFICE OF HEALTH

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MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01478

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town St Leonard
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Gross

4. Sex

m.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

Sarah E Gross

7. Birth date of deceased (mo., day, yr.)

Dec 22, 18716. (c) If alive, give age 73 years

8. AGE:

Years

Months

Days

If less than one day

77

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

James Gross

13. Birthplace

md.

14. Maiden name

Elizabeth Sollers

15. Birthplace

md.

16. Informant

Sarah Saunders

Address

St Leonard md17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

2-28-48
(month) (day) (year)

Cemetery or crematory

Brooks Chapel

Location

Calvert

18. Funeral director

P E Sewell

Address

Prince Frederick md

19.

2-19 1948
(Date rec'd by registrar)H W Evans

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town St Leonard
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-17-48 at 5:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 8 1948 to Feb 17 1948and that I last saw him alive on Feb 17/48 1948

Immediate cause of death

Coronary Thrombosis

DURATION

Due to

Due to

Other conditions

Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

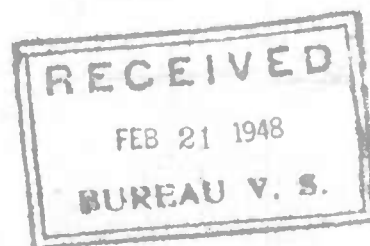
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P Villanueva
St Leonard md M. D. or other
Date signed 2/18/48



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FEB 21 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01479

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:

County CalvertCity or town St. Leonard's, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town St. Leonard's
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert Jennifer

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary C. Jennifer

7. Birth date of

deceased (mo., day, yr.)

6/4/986. (c) If alive, give age 44 years

8. AGE:

Years

Months

Days

It less than one day

50

hrs.

min.

9. Birthplace

St. Mary's Co. (Md.)
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER
FATHER

12. Name

Unknown

13. Birthplace

..

14. Maiden name

..

15. Birthplace

..

16. Informant

Mary C. Jennifer

Address

St. Leonard's, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

2-18-48
(month) (day) (year)

Cemetery or crematory

Brook's Chapel

Location

Island Creek (Md.)

18. Funeral director

P.C. Dewell

Address

Prince Frederick, Md.

19. _____

(Date rec'd by registrar)

2/17/48N.W. Evans

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

2/1619. 48 at 2:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. _____, to 19. _____

and that I last saw him alive on 19. _____

Immediate cause of death

DURATION

Inanition -

Due to

Dehydration

Due to

Ca. of lymph gland

Other conditions

of neck

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. DeChellars

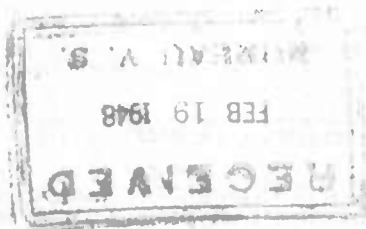
M. D. or other

Address

St. Leonard

Date signed

Feb 17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

01480

1. PLACE OF DEATH:

County Calvert

City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

David Jones

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

4. Sex

M.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

Emma Jones

7. Birth date of deceased (mo., day, yr.)

June 15, 1971

6. (c) If alive, give age 72 years

8. AGE:

Years

Months

Days

If less than one day

76

hrs.

min.

9. Birthplace md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

David Jones Sr.

13. Birthplace

md

14. Maiden name

Sarah Harris

15. Birthplace

md

16. Informant

Emma Jones

Address

Huntingtown

17.

Burial

Date thereof

2-14-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Patuxent

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick, md

19.

2-12

19 48

N. W. Ward

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

2/10

19 48 at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 - 9 am

19 47

to 11 Feb

19 48

and that I last saw him alive on 10 Feb

19 48

Immediate cause of death

Ch. myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

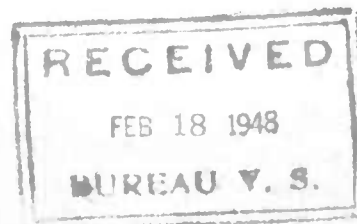
2/11/48

MARGIN RESERVED FOR BINDING

VS A75 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

190

01481

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CabotCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabot County Hospital

How long in hospital or institution?

71 day

3. (a) FULL NAME

Paul H. O'Neill

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Aug. 3, 1884

8. AGE:

Years

Months

Days

It less than one day

6365

hrs.

min.

9. Birthplace

Cabot County, Md
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

James B. O'Neill

13. Birthplace

Maryland

MOTHER

14. Maiden name

Marion King

15. Birthplace

Maryland

16. Informant

Mar. King

Address

Prince Frederick, Md

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

Feb. 11, 1948
(month) (day) (year)

Cemetery or crematory

Catholic

Location

Barstow Md

18. Funeral director

A. Q. Hackner & Son

Address

Mutual, Md

19.

(Date rec'd by registrar)

2-10-48N. W. Evans

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Cabot

City or town

Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

Yes

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

Stroke & exposed to
Cold weather

Due to

DURATION

1.8 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home alone

Means of injury

Chilled

Injured at work?

No

23. SIGNATURE

Howard

M. D. or other

Address

214 E 11th

Date signed

RECEIVED

FEB 13 1948

60 600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01482

Reg. Dist. No. 46d

1. PLACE OF DEATH:

County.....*Calvert.*
 City or town.....*Huntingtown.*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Maryland* County.....*Calvert.*
 City or town.....*Huntingtown.*
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Amelia A. Ray.

3. (b) Social Security Number

4. Sex.....*F* 5. Color or race.....*C* 6. (a) Single, married, widowed, or divorced.....*X*

6. (b) Name of husband or wife.....*Thomas Ray*6. (c) If alive, give age.....*75* years7. Birth date of deceased (mo., day, yr.).....*August 1, 1872*

8. AGE: Years.....*75* Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....*md* (Town, county, and state)10. Usual occupation.....*domestic.*

11. Industry or business

12. Name.....*James Marshall.*13. Birthplace.....*md.*14. Maiden name.....*Mary Reid.*15. Birthplace.....*md*16. Informant.....*Thomas Ray.*Address.....*Huntingtown.*17. *Burial* (Burial, cremation, or removal. Which?) Date thereof.....*2-8-48* (month) (day) (year)Cemetery or crematory.....*St Edmonds.*Location.....*Calvert.*18. Funeral director.....*P. E. Sawell.*Address.....*Prince Frederick, Md.*19. *29* 19*48* *N.W. Ware* Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*2-5,* 19*48,* at *8 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1 Mar* 19*46*, to *6 Feb* 19*48*and that I last saw her alive on *15 Jan* 19*48*Immediate cause of death.....*Melastatic carcinoma*Due to.....*ca. of rectum*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

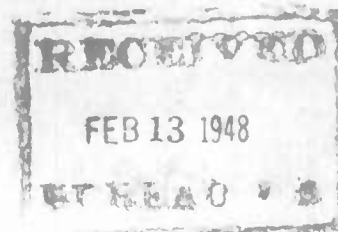
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*James Marshall*Address.....*Huntingtown Md* Date signed.....*7/6/48*

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

01483

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Bromes Island
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Bromes Island
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) no

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alpheus R. Sewell

3. (b) Social Security Number

no

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M6.(b) Name of husband or wife Nola E. Sewell

7. Birth date of deceased (mo., day, yr.)

Oct. 3, 18726.(c) If alive, give age 72 years

8. AGE:

Years

Months

Days

It less than one day

7548

hrs.

min.

9. Birthplace

Calvert Co., Md
(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

MOTHER-FATHER

12. Name

Thomas H. Sewell

13. Birthplace

Md

14. Maiden name

Nola Thomas

15. Birthplace

Md

16. Informant

Clarence Sewell

Address

Bromes Island, Md

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

Feb. 14, 1948
(month) (day) (year)

Cemetery or crematorium

Bromes Island

Location

Bromes Island, Md

18. Funeral director

A. A. Harkness & Son

Address

Mutual, Md

19.

2-13 1948
(Date rec'd by registrar)H. W. Ware

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1948 at 1 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4, 1947 to 19 and that I last saw him alive on im 19

Immediate cause of death

Acute Cardiac Decompensation

DURATION

Due to

Arteriosclerotic Coronary Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Page 1st
Ormal Redulich M. D. or other _____
Date signed 2/13/48

RECEIVED

FEB 18 1948

BUREAU V. S.